



Investigation Branch Agency Endorsement Form

Candidates applying for the Fire Investigator (01-01-0043) course shall complete this form and upload to their DHSES Learning Management System online registration enrollment request. Incomplete forms will be returned and may delay course enrollment.

PART 1 - [completed by Applicant]
NAME: Last, First, M.I., Suffix
ADDRESS: Number / Street, C/T/V, State, Zip
MISC.: NYID#, DOB, Phone, NY
Applicant Signature, Date

PART 2 - [completed by Agency Supervisor(s)]
Career Fire and Law Enforcement agencies designated in the county's arson control plan as having the responsibility for conducting fire investigations need only include SUPERVISOR endorsement.
AGENCY: Name, County
AGENCY ADDRESS: Number / Street, C/T/V, State, Zip
By my signature below, I verify the candidate listed above is an employee of the agency who has, or will have, the responsibility to conduct fire investigations either for this agency or a specialized team designated in the referenced county's arson control plan.
SUPERVISOR ENDORSEMENT: Name, Signature, Date, Telephone, Email
By my signature below, I verify the candidate listed above is a member, or prospective member, of a specialized team which has the responsibility for conducting fire investigations as specified in the referenced county's arson control plan.
SPECIALIZED TEAM LEADER ENDORSEMENT: Name, Signature, Date, Telephone, Email